



## COURSES

Please list courses you are or will be taking during the current academic year and include summer, if applicable. Be sure to include course numbers and amount of credit per class.

Course Number	Course Title	Credit per Class	Semester
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list college-level courses taken while you were in high school. Include AP, IB, CLEP, SUPA, etc. Have official transcripts or score reports sent to the Admissions Office.

Course Title	Score or Credit Received
_____	_____
_____	_____
_____	_____

## WORK EXPERIENCE/ACTIVITIES AND ACHIEVEMENTS

Please attach a résumé that describes your work experience (include duties and dates) and your extracurricular, personal and volunteer activities (include dates and offices or positions held) and awards, achievements or research projects.

## BINGHAMTON UNIVERSITY FAMILY AFFILIATIONS

The University is interested in learning about the relationship that individuals may have with the campus. Please list the name(s) and former name(s), if appropriate, of your parents and siblings who have attended or now attend Binghamton. Specify their major, actual or expected year of graduation and their relationship to you.

Name	Relationship	Graduation year	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ADDITIONAL REQUIREMENTS FOR APPLICANTS TO DECKER SCHOOL OF NURSING

Please include a personal statement that explains your interest in the nursing profession and health care, and include how acceptance to the Decker School of Nursing will assist you in reaching your professional goals. You may also wish to write about (1) a person who, or an event that, has vitally affected your thinking, or (2) specific benefits, beyond those related to employment, that you expect to gain from your higher education.

## ALL APPLICANTS MUST SIGN

*All the responses on this form were prepared by me and supplement my application for admission. University policy holds that falsification or omission of information for the purpose of admission to the University may invalidate this application. To the best of my knowledge, all the information on this form is true.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Authority to solicit the Social Security number has been established by Section 355 of the Educational Law of New York State. The number is used for admissions and financial-aid record keeping.

Please be sure to sign and date this form.  
Did you check all applicable boxes and answer all questions?

Please retain a copy of this form and all attachments for your records.  
Return required form to:  
Office of Undergraduate Admissions  
Binghamton University, PO Box 6001, Binghamton, New York 13902-6001  
Phone: 607-777-2171, Fax: 607-777-4445, admissions.binghamton.edu

**BINGHAMTON**  
UNIVERSITY  
STATE UNIVERSITY OF NEW YORK

[www.binghamton.edu](http://www.binghamton.edu)

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